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Bib Data Sheet

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|-----------------------------|--|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/738,384 | FILING OR 371(c)<br>DATE<br>12/17/2003<br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3735 | ATTORNEY<br>DOCKET NO.<br>CTI-201 |
|-----------------------------|--|--------------|------------------------|-----------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\****None***\*\* FOREIGN APPLICATIONS \*\*\*\*\****None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 03/27/2004

|                                 |  |                        |                     |                    |                         |
|---------------------------------|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                    | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>8 | TOTAL CLAIMS<br>12 | INDEPENDENT CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |                        |                     |                    |                         |
| Verified and Acknowledged       | <i>[Signature]</i>   | Examiner's Signature   | Initials            |                    |                         |

**ADDRESS**

22470

**TITLE**

Treatment of superficial pigmented and vascular lesions of the skin

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|----------------------------|---|---|
| FILING FEE RECEIVED<br>428 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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